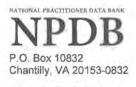
Exhibit 38



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DCN: 55000000123578941 Process Date: 05/05/2017 Page: 1 of AKODA, CHARLES JOHN

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Date of Action: 04/25/2017

AKODA, CHARLES JOHN

DEPARTMENT OF HEALTH PROFESSIONS

STATE LICENSURE ACTION

Initial Action

Basis for Initial Action

- SUSPENSION OF LICENSE

- CRIMINAL CONVICTION

A. REPORTING ENTITY

Entity Name: DEPARTMENT OF HEALTH PROFESSIONS

Address: 9960 MAYLAND DR STE 300

PERIMETER CENTER

City, State, Zip: RICHMOND, VA 23233-1485

Country:

Name or Office: JAMES L. BANNING, DIRECTOR

Title or Department: ADMINISTRATIVE PROCEEDINGS DIVISION

Telephone: (804) 367-4402

Entity Internal Report Reference: 177618

Type of Report: INITIAL

B. SUBJECT

IDENTIFICATION INFORMATION (INDIVIDUAL)

Subject Name: AKODA, CHARLES JOHN

Other Name(s) Used:

Gender: UNKNOWN

Date of Birth:

Organization Name:

Work Address:

City, State, ZIP:

Organization Type:

Home Address:

City, State, ZIP:

Deceased: NO

Federal Employer Identification Numbers (FEIN):

Social Security Numbers (SSN):

Individual Taxpayer Identification Numbers (ITIN):

National Provider Identifiers (NPI):

Professional School(s) & Year(s) of Graduation: BENIN U-NIGERIA (1987)

Occupation/Field of Licensure (Code): PHYSICIAN (MD)

State License Number, State of Licensure: 0101250081, VA

Specialty: UNSPECIFIED

Drug Enforcement Administration (DEA) Numbers:

Unique Physician Identification Numbers (UPIN):

Name(s) of Health Care Entity (Entities) With Which Subject Is

Affiliated or Associated (Inclusion Does Not Imply Complicity in

the Reported Action.):

Business Address of Affiliate:

City, State, ZIP:

Nature of Relationship(s):

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NATIONAL PRACTITIONER DATA BANK P.O. Box 10832 Chantilly, VA 20153-0832

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DCN: 5500000123578941 Process Date: 05/05/2017 Page: 2 of AKODA, CHARLES JOHN For authorized use by: AMERICAN BOARD OF OB/GYN

C.	INFORMATION
	REPORTED

Type of Adverse Action: STATE LICENSURE

Basis for Action: CRIMINAL CONVICTION (19)

Name of Agency or Program That Took the Adverse Action Specified in This Report: DHP OF VA ACTION

Adverse Action

Date Action Was Taken: 04/25/2017

Classification Code(s): SUSPENSION OF LICENSE (1135)

Date Action Became Effective: 04/25/2017

Length of Action: INDEFINITE Total Amount of Monetary Penalty,

Assessment and/or Restitution: Is Subject Automatically Reinstated After Adverse Action Period Is Completed?:

Description of Subject's Act(s) or Omission(s) or Other Reasons for Action(s) Taken and Description of Action(s) Taken by Reporting Entity:

Agency Action: Mandatory Suspension. Virginia License Number: 0101250081. A printable copy of the order detailing this case can be found by selecting the license look up at the Virginia Department of Health Professions website. When you get to the license look up page, enter the Virginia License Number listed above in the License Number field in License Look Up, then click the Search button. The public information for that licensee will be displayed. If a red YES appears under the Additional Public Information heading, click on it and follow the links to access the Order. If you do not have web access, you can telephone 804 367 4444 to provide the license number and a copy of the Order will be mailed to vou-

Is the Adverse Action Specified in This Report Based on the Subject's Professional Competence or Conduct, Which Adversely Affected, or Could Have Adversely Affected, the Health or Welfare of Patient(s)?: NO

Subject identified in Section B has appealed the reported adverse action.

D.	SU	BJ	EC	TO
	ST	AT	EM	ENT

If the subject identified in Section B of this report has submitted a statement, it appears in this section,

E. REPORT STATUS

Unless a box below is checked, the subject of this report identified in Section B has not contested this report.

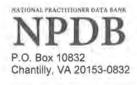
This report has been disputed by the subject identified in Section B.

At the request of the subject identified in Section B, this report is being reviewed by the Secretary of the U.S. Department of Health and Human Services to determine its accuracy and/or whether it complies with reporting requirements. No decision has been reached.

At the request of the subject identified in Section B, this report was reviewed by the Secretary of the U.S. Department of Health and Human Services and a decision was reached. The subject has requested that the Secretary reconsider the original decision.

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Case 2:18 cv 05629 JDW DOCUMENT 36-10 FIRE 120/126/19 Frage 4 of 4



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1	At the request of the subject identified in Section B, this report was reviewed by
	the Secretary of the U.S. Department of Health and Human Services. The Secretary's decision
	is shown below:

Date of Original Submission:

05/05/2017

Date of Most Recent Change:

05/05/2017

F. SUPPLEMENTAL SUBJECT INFORMATION ON FILE WITH DATA BANK

The following information was not provided by the reporting entity identified in Section A of this report. The information was submitted to the Data Bank from other sources and is intended to supplement the information contained in this report.

The Data Bank attempted to notify the Subject Identified in Section B on 05/05/2017 at the address below, but the attempt was unsuccessful.

14909 DOWNEY CT BOWIE, MD 20721

This report is maintained under the provisions of: Section 1921

The information contained in this report is maintained by the National Practitioner Data Bank for restricted use under the provisions of Section 1921 of the Social Security Act, and 45 CFR Part 60. All information is confidential and may be used only for the purpose for which it was disclosed. Disclosure or use of confidential information for other purposes is a violation of federal law. For additional information or clarification, contact the reporting entity identified in Section A.

- END OF REPORT -

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